

AN
INTRODUCTORY LECTURE
ON
SURGERY,

DELIVERED

ON WEDNESDAY, 4TH NOVEMBER, 1840.

BY JAMES MILLER, F.R.C.S.E.

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TO

THOSE TO WHOM IT WAS ORIGINALLY ADDRESSED,

AND

AT WHOSE REQUEST IT IS NOW PUBLISHED,

THE FOLLOWING LECTURE IS RESPECTFULLY DEDICATED

BY THEIR FAITHFUL SERVANT,

JAMES MILLER.

23, YORK PLACE,
Nov. 1840.

INTRODUCTORY LECTURE

ON

SURGERY.

GENTLEMEN,

In commencing the honourable task, of teaching one of the most important departments of the healing art, it is proper that I should, in the first place, briefly explain the nature of that department, and the limits within which I propose to bring it under your notice.

I have said that Surgery is one of the most important branches of the medical art. Some of its professors—indeed not a few—have been zealous in asserting its right to a still higher status; and insist, accordingly, that it is *the most* important means whereby a man, skilled in the art of cure, endeavours to relieve the sufferings of his fellows. Such may be the case. I certainly shall not gainsay it. But, at the same time, I am far from wishing to propound such a doctrine at present, being most anxious to avoid conveying to you any idea that might lead to an injurious bias in your course of professional study; being unwilling to add any thing to the rivalry which already exists, and has obtained in all ages, between the surgeon, and him who rejoices exclusively in the name of *doctor*; and being also anxious thus early to state to you my firm and conscientious belief, that the various branches of medical science are one and all inseparably connected—that the man who wishes to know, and more particularly he who proposes to practise one, must be conversant with all,—and that, of the various departments,

none are so closely, so indissolubly allied, as surgery and medicine.

It is necessary for us, however, in commencing an inquiry into one of these departments in particular, to separate them by an *imaginary* line of distinction ; simply because—however true it is, that you and I, in endeavouring to obtain a thorough knowledge of either, must study both with equal care and assiduity,—yet here it is proposed to teach surgery alone.

Surgery, or *Chirurgery*, literally interpreting its definition, means *handiwork*, applied to the practice of the healing art : in other words, “ the manual procedure, by means of instruments or not, directed towards the repair of injury and the cure of disease ; in contradistinction to the practice of *medicine*, denoting the treatment of disease by the administration of drugs, and other substances supposed to be of a sanative tendency.” Such a definition, doubtless, applied very justly to surgery in its infancy ; and but too fully comprehended the duties of the surgeon, when his profession was sunk in the lowest depth of degradation during the dark ages. When, in the twelfth century, the Council of Tours forbade the priesthood to contaminate themselves with its practice, and denounced it as totally beneath the attention of any man of station or learning—when, in consequence, it was left entirely in the hands of the ignorant and designing—when, at its expense, the learned physician had exalted himself into a proud philosopher, and his calling to a dignified branch of general science—when the uninformed surgeon was nothing better than a mechanic, and the abject servant of this proud man,—*then*, indeed, poverty-stricken surgery could not complain that the strictest interpretation of the term, according to its definition, did not fully comprehend the details of the art.

It was a sad falling off from the better times that had gone before. The surgeon had not always been the degraded creature that the wiles of priestcraft and the shackles of ignorance had reduced him to. About two thousand and four hundred years before that famous, or rather infamous edict from Tours, flung shame and calumny on his head, the

surgeon stood high in public estimation. In the Grecian army he was ranked "of more value than many heroes;" and as such his praises were sung in the immortal strains of the Iliad. Machaon, when wounded, is represented as absorbing the intense interest of the whole army. And his brother Podalirius, for performing the simple operation of phlebotomy, we find rewarded not only with the hand of his patient, the fair Princess of Caria, but also with the Chersonese as her dowry. No wonder that venesection has been in sovereign repute from that day to this. Indeed, it is to be feared that this was a kind of *original sin* in Podalirius, entailing much injury, throughout all succeeding generations, on the general mass of humanity, by establishing in the breasts of both doctors and surgeons an innate love of bleeding, gratified too often at the expense of the health, comfort, and life itself, of the sufferer.

About seven hundred years later than the Trojan war, we find Damocedes practising surgery in Athens, with honour and success, receiving from Polycrates, king of Samos, a fee of two talents of gold, for having rid him of a troublesome distemper; and when taken prisoner by Darins, instead of being maltreated as a captive, exalted to the highest honours, and loaded with wealth, on account of his surgical skill.

To the merits—surgical as well as medical—of the great Hippocrates, the people of his time were not insensible. The inhabitants of Argos voted him a statue of gold. He was more than once crowned by the Athenians, and, though a stranger, was initiated into the most sacred mysteries of their religion—the highest distinction which they could confer. After his death, universal and almost divine honours were paid to his memory. Temples were erected to him, and his altars covered with offerings.

The ancient Romans, during the first six centuries of their existence, had neither surgeon nor doctor. They *made* wounds enough, but had no one to heal and cure them, but their wives and daughters, and heads of families armed with sorceries and incantations. When at length they did obtain a surgeon, by importation from the Alexandrian school, his

skill at first obtained for him no inconsiderable fame; but the ancient prejudice soon revived in full vigour. An enraged populace — perhaps not without some reason, for he seems to have been particularly fond of using the knife and cautery — compelled him not only to suspend his practice, but, changing his original appellation of “Healer of Wounds” to that of “Hangman,” drove him in disgrace from Rome. After this, however, the prejudice against surgery relaxed somewhat amongst the Romans; and about the Christian era, Celsus enjoyed a reputation as wide and exalted as did Hippocrates four hundred years previously.

After him, both the merit and reputation of the surgeon died away until the appearance of Galen, one hundred and fifty years later, who practised surgery with much success in Pergamus, and whose works and doctrines had the singular distinction of continuing to be received as oracular, in the schools of every civilized country, for no less a period than thirteen hundred years. But soon after his light had been extinguished, a Cimmerian gloom fast overspread the world, by which science and art were long obscured. Paul of Ægina appeared in the middle of the seventh century, and shone meteor-like in the surrounding darkness. Some of the Arabian school, also, as Albucasis, struggled to lift the heavy load under which surgery lay prostrate and feeble. But their attempts, if successful at all, were but temporarily so. Surgery was helpless under its evil star; and, in the twelfth century, as already stated, quietly submitted to the stroke of annihilation, summarily inflicted by the Council of Tours. From this state of utter extinction, as an enlightened profession, it did not revive till about the middle of the sixteenth century, when, thanks to the talents and energy of Ambrose Paré, it again rose to usefulness and dignity; and its professors were once more held in the highest repute. Since then, it has graciously pleased an all-wise Providence that no more clouds of darkness should, even for a time, obscure the increasing lustre of our profession. Year by year it has gone on enlarging its sphere of operation — strengthening the founda-

tions on which it rests — blending science with art, and tempering theory by experience—and yielding to him who is the honoured instrument of giving forth its benefits to mankind, not only the rich reward of approbation within his own breast, but likewise honour and fame by the esteem and gratitude of his fellow-men.

Now-a-days, truly, the original definition of surgery will but feebly express its nature. We must seek for one infinitely more comprehensive—more consonant with the spirit and manner of the time. But this search will prove a difficult one. For, as has already been said, it is impossible actually to separate medicine from surgery. It were easy to define the healing art, as one great whole; and it were easy, by definition, to distinguish medicine from the elementary sciences of Anatomy, Chemistry, and Botany. But when we come to the general principles, by the practice of which disease and death are to be opposed, it is indeed impossible to say where, exactly, medicine ends and surgery begins. In their principles they are the same throughout; and though often separated in practice, yet the separation is not that of *acquirements*. It should never be forgotten—and cannot be too strongly forced on the attention of the student—that the physician, before he can be either accomplished or successful in his profession, must be intimate with the principles, if not with the practice, of surgery; and most certainly, that no one can lay claim even to the title of surgeon, far less hope for eminence or success, unless he be equally qualified to assume both the appellation and the employment of the physician.

The difficulty of placing even an ideal line of demarcation between medicine and surgery, has not deterred writers from the endeavour. On the contrary, much ingenuity and labour have been devoted to the task. We need not follow in the attempt, swelling the list of the unsuccessful, but shall content ourselves with selecting the definition that seems the least objectionable of those extant.

Let us take that of Mr Lawrence, who considers surgery to include, — “ 1. Injuries of all kinds. 2. The greater part of

external and local complaints. 3. Such internal affections as produce changes appreciable externally; for example, alterations of figure, colour, and consistence. 4. All cases requiring external topical treatment, operations, or manual proceedings of any kind." Thus we see that the *ancient* definition of surgery, manual procedure, holds a very subordinate rank in the *modern*; the great object of the surgeon being, now-a-days, by skill and judgment, so to combat disease and injury, as to render the use of instruments altogether unnecessary.

But even on this classification of what is surgical, experience will ever and anon bring an exception to bear; and the truth is, that much of the arrangement as to what is medical and what surgical, must depend on custom and usage, not on fixed and permanent rules. The paths of the practical surgeon and physician are to a certain degree distinct; but in their course, they must not only often cross each other, but also be companions for some distance on the way; and these collisions, so far from being avoided, ought rather to be sought, as probable sources of mutual benefit,—so long as those enlightened feelings are entertained, and that honourable conduct pursued, which ought ever to distinguish the members of our profession.

It is surgery, gentlemen, in this its liberal and extended form, that I propose to teach:—aware of many imperfections weighing on my comparatively inexperienced head, but determined to exert myself to my utmost power, in discharging the duties which I engage to perform towards those who honour me by their attendance.

In this, the introductory lecture, I propose not to follow the usual custom of narrating a history of surgery. I will not read over to you a long list of eminent surgeons—beginning with Chiron and Esculapius, and ending with Dupuytren and Liston—with the sayings and doings of each, and anecdotes illustrative of their varied and numerous peculiarities. This might be curious, yet scarcely instructive.

I shall rather consider shortly, as seeming more appropriate, the following questions:—What is requisite to be possessed

and acquired previous to and during the study of surgery? and what ought to be the conduct of the surgeon while applying the knowledge to the practice of his profession?

In regard to the first question, I have used both the words "possessed" and "acquired," meaning that some of the requisites are the gift of Nature, while others must be worked out by the individual's own exertions.

"He must be young, or at most but middle-aged," says Celsus. According to the maxim of Hippocrates, "*Vita brevis, ars longa*;" and unless study be begun early, there is not time to arrive at excellence. If delayed, the student will have fallen into the "sere and yellow leaf," ere any great progress have been made in his attainments. Then, too, besides the want of *time*, there is a want of *power*; for it requires the energy and enthusiasm of youth to master voluminous and intricate details, from the labours of which an advanced age would shrink in feebleness and despair. This truth is now so universally and fully acknowledged, that we find rather an aptitude to fall into an opposite error. A young man may be placed *too soon* within the pale of medical study. Let him be diligent in obtaining an acquaintance with general literature in the first instance. His mind will thus be expanded, its powers cultivated and strengthened. He will no longer think as a boy, but as a man and as a gentleman. He will have obtained the faculty of concentrating his mental powers on a particular object, and retaining them so until its mastery has been completed; and prudence and discretion will accompany their application, culling what is good, and setting aside the vain and unprofitable. *Then* may his mind, thus strengthened and enlarged, be brought with the happiest effect to bear upon professional study. Let him begin as early as he please to the acquirement of general knowledge; but let him be restrained from the actual study of his profession until his mind have been, by healthful exercise, brought into the form suitable and necessary for solid and sure advancement. Let his progress be slow or rapid as it may; but let it be solid, and let it be sure.

“He must have a strong steady hand—never subject to tremble,” says Celsus. There are many operations in surgery in which the knife’s edge in motion is but a hair’s-breadth removed from the most important organs, injury of which might lead to the most disastrous results. It is very plain, therefore, that the hand which is destined to direct that dangerous, yet useful weapon, ought to be a stranger to trembling. There is a certain degree of tremor inseparable from vitality—a vibratory movement caused by the operations of the heart and larger arteries in carrying on the circulation; but this will not interfere with the most delicate manipulation. It is the nervous trembling, giving uncertainty to every movement, which is detrimental in surgery; and he who is unfortunately afflicted thus had better cultivate, in preference, the sister science—medicine.

Strength, too, it is well to have; for though surgery ought to be conducted fully as much by the *suaviter in modo*, as by the *fortiter in re*, yet, in handling the stronger and heavier weapons of the art, power and precision of use, in a strong as well as steady hand, will be found very conducive to gentleness and ease of performance.

“He must be ambidextrous.” This qualification is not absolutely necessary, but will be ever found most convenient. In many operations—for example, in those upon the eye, and in the very ordinary procedure of venesection—it is of infinite convenience to both patient and surgeon, saving both parties much discomfort and awkwardness of posture. It is not difficult of acquisition, and the practice conducive thereto should not be neglected.

“He must be of a quick clear sight.” This is self-evident. Many of the most ordinary surgical proceedings require both accuracy and quickness of vision; as for example, in securing the bleeding points in an extensive wound. While, for the efficient and safe performance of others—as operations on the interior of the eye, and delicate dissection of deep and important parts—clearness and truth of vision are peculiarly indispensable.

“He must be bold,” says Celsus, and says truly; for the exercise of his profession is likely to lead him into scenes calculated to appal the stoutest heart. For example, what sight can be more ghastly than that of attempted suicide? and what more likely to frighten the timid into nervous inefficiency? The horrible chasm in the neck, and the convulsive play of the severed windpipe seen through it—blood flowing in reeking torrents, and in each gush the life of the unfortunate victim plainly ebbing away—his remorseful anxiety of countenance—his eye fixed on yours, wild as that of the maniac, yet asking eloquently for help—his convulsive struggles to retain the miserable life which a few minutes before he sought to destroy—the gurgling efforts at speech that come from his mangled throat, deprecating his own folly, imploring your assistance, or perhaps mumbling an incoherent prayer for the mercy of his Creator,—every movement, look, and gesture, painting in characters too horrible to be mistaken, the pangs of a guilty soul struggling to hold back, but fast gliding into eternity. All this forms a scene of the darkest horror; and yet it is one into which the surgeon is not unfrequently and suddenly called,—while fresh, perhaps, from the contemplation of external nature in all her quiet loveliness, or hurried from the calm and comfort of his own domestic circle. If timid, he will but add one more to the group of bystanders—useless and panic-stricken. If bold and energetic, he may be able to stanch the tide of life; saving the wretched victim from a fearful death, and perhaps from endless misery.

In the performance of capital operations, also, attended with the division of important parts, and profuse flow of blood, many accidental circumstances may occur to obscure and complicate the proceedings, at a time when hesitation and delay might prove fatal. Action on the instant is demanded to meet the difficulty, and courage is essential to the prompt performance. How often does the life of a fellow-creature depend on the decision of a single moment! and yet this precious time is, by the timid practitioner, suffered to pass away partially or wholly unemployed.

But though courage be thus necessary to the surgeon, never let it be either mistaken for, or associated with, its bastard likeness rashness. Timidity is bad, and may prove calamitously so; but foolhardy rashness is worse, and its results still more direful, affecting not only the individuals concerned, but dragging into obloquy the honourable and useful profession thus unworthily represented. Has the surgeon stood by inactive, and seen his patient die in circumstances where energy, rightly directed, might have saved him?—it is a misfortune much to be deplored. But when, with rashness—the offspring of ignorance, or the attendant of an ill constructed mind—life has been forfeited to reckless and uncalled-for proceedings, appearing to the public eye but as wanton cruelties,—then do others widely suffer in the after results, and much time must elapse ere the stain thus cast on surgery can be fully wiped away.

Coolness, not the least valuable qualification of the surgeon, is closely allied to courage, and is, in part, a gift of Nature. Some men are naturally so imperturbable, that nothing can possibly ruffle their equanimity. This is almost a deformity of the mind, and consequently is not often met with. There is a coolness, also, ostentatious and assumed, the mark at once of a little mind and of a puny heart. It leads its imbecile possessor to unwarrantable display of the counterfeit at unseasonable times. He may ostentatiously stop for some trifling object, or for none at all, in the midst of a painful operation, merely for the gratification of his own conceit, thereby protracting the sufferings, and even endangering the life, of his unfortunate patient. Such conduct is not only despicable, but positively a crime.

The most valuable coolness belongs to him who, to natural courage, can add self-confidence—not natural, but acquired—dependent on an accurate knowledge of the practical details of his profession, obtained by long and patient study, and strengthened by successful experience. This coolness it is thus in the power of many to possess; and we are negligent and culpable if we do not seek diligently for it.

Thus we see, gentlemen, that the mental and corporeal qualifications of the surgeon—all advantageous, and the majority absolutely essential—are partly gifts from Nature, partly acquirements in the power of every one to obtain by industry and perseverance. Let no one, therefore, entering on this profession, despair of advancement. If Nature have not been so fully generous to him as to some of his fellows, let his efforts to compensate for this be but redoubled. Nature, relenting of her previous penury, will meet his exertions half way; and in the end his industry will be rewarded by success more complete than he had even hoped for.

And should he be so fortunate as to possess, in any considerable degree, that intensely valuable commodity called *common sense*, he has that within him which, if rightly employed, will atone for a long list of imperfections of minor importance. This quality is essential, I believe, to success in every profession; and in none is it more valuable than in surgery.

Now, let us briefly consider to what objects the student should chiefly direct his attention.

In the outset, I say let him be profound, practical, and persevering in his study of *Anatomy*. All the elementary branches of medical knowledge are useful to the surgeon, but of these anatomy is the only solid and stable foundation on which true surgical knowledge can rest. What was it that so long retarded the progress of the art, and kept it back from connection with science? Prohibition of the study of human anatomy. In the early history of surgery, the touch of a dead body was interdicted as a profanation. The only anatomical knowledge of the time was obtained by researches in comparative anatomy, and by instruction from those who had acquired some knowledge of the human viscera in the practice of embalming. It was in Egypt, about three hundred years before the Christian era, that popular prejudice first gave way, and Herophilus and Erasistratus, under the protection of Ptolemy Soter, were the first who had an opportunity of practising human dissection, the bodies of criminals having

been given to them for that purpose. This important privilege, however, was unfortunately of no long continuance; and about four hundred and fifty years afterwards, we find the great Galen reduced to the old system of dissecting apes, and other animals as like to the human race as he could find, and felicitating himself on the amazing opportunity he once enjoyed of examining two human skeletons preserved at Alexandria. Then, further on, came the darkest of the dark ages, and the languishing days of feeble surgery; and it was not till about the middle of the sixteenth century, that Vesalius, giving birth to anatomy, properly so called, placed surgery on a solid basis; and at the same time rendering it a pursuit worthy of men of talents and education, gave our profession an impetus which has ever since been on the increase.

What, then, history has proved to be most conducive, nay, essentially necessary, to the healthful and prosperous existence of surgery, and what the concurrent testimony of all authors and teachers of the present time declares to be still the only true foundation on which it can either rest or advance, let not the student dare to neglect. Let him be diligent in his anatomical research; and above all things, let him be much in the dissecting room. There he will become familiarly conversant with the parts in a state of health, which he will afterwards have to heal and protect, when injured by violence or attacked by disease. It is not enough that he knows that such and such parts are; he must know, of his personal observation, where they are, and how they look, and how they feel, and what is their relative position one to the other. There, too, he will acquire "the education of his fingers," as it is called, necessary to surgical dexterity; for, as has been well remarked by Mr Liston, it is only when we have acquired dexterity on the dead subject, that we can be justified in interfering with the living. Whence, continues he, have arisen the doubts and uncertainties—the sleepless nights—the general failing of self-confidence, in those whom John Bell has described as "agitated, miserable, trembling,"—whence but from unacquaintance with anatomy—practical anatomy? And

what would they not have given, could they have been young again, and students, that they might cultivate it zealously as the one thing needful in their profession.

Next in importance, as auxiliary to surgical attainments, let him not neglect the Theory and Practise of Medicine. The amalgamation of the principles of the two sciences has been already insisted on, and need not be repeated. Let him beware, however, of being carried away by mere theory, however beautiful in its outline, and plausible in its details, unless so far as it is supported by experience. Nothing can be more dangerous than such a course of study — it is interesting, nay, fascinating, to an ardent and ingenious mind, but will not repay the time and labour. In the end, the student may be entitled to the appellation of *scientific*, in one sense of the term — but all his book-learning will avail him little, at the bedside of sickness and suffering. It is not of the right kind — it has not been tested by observation and experience.

Among the practitioners of the healing art, there are two great extremes — the mere empiric, and the mere theorist — or, as the latter is more commonly termed, the purely scientific *Doctor*. Here, as in all other extremes, “in medio tutissimus ibis.” Beware of empiricism on the one hand, and of mere fanciful theory on the other. Let theory and practise be tested by, and blended with, each other, and thus will be obtained the only safe and enlightened views of the treatment of disease. Examples of the folly and danger of the theoretic extreme, are of but too common occurrence. For instance, how often do we witness endeavours to subdue inflammatory action, or remove an irritation, by scientific measures ingeniously contrived for the attainment of various important ends in the animal economy, but overlooking all the while a very palpable cause — as, a foreign body, stricture, or pressure, until the removal of which all the science in the world will be of no avail? On the other hand, into what errors has not mere empiricism led? What a fearful list of “fatal cures” would not the honest confession of every charlatan disclose?

Be diligent, then, in Anatomy, and more particularly in

Practical Anatomy. Become conversant with the Theory and Practice of Medicine. In the application of the general principles of medical science to surgery, however, beware of indulging in theory, unless as confirmed by experience. At the same time, be not led away, by the more showy parts of surgery, from what may seem dry and uninteresting detail, though in reality constituting the important general surgical principles, on which the thorough knowledge of the nature and treatment of injury and disease must ever depend. And, above all things, do not fall into the common error of supposing that *operations* constitute the principal and most important duty of the surgeon. On the contrary, he has to exert all his skill, and all his energy, by milder measures to counteract injury and restrain disease, so as to supersede the necessity for operating; and to effect this is, doubtless, the true triumph of his profession. Blood-thirstiness belongs to the savage beast, not to the intellectual human being. Able by operation to ward off suffering, deformity, and death, yet it is the surgeon's boast to have recourse to it as seldom as possible; and he is proud to witness, in his profession, the growth of science with experience gradually bringing the ravages of disease more and more under his control.

The importance of Hospital Attendance, and other means whereby the student becomes familiar with disease as it is, in nature, not in books, is self-evident; but it is a subject too extensive for present consideration.

We come now to inquire, What great principles ought to govern our conduct, in reducing our surgical knowledge to practice. There is one rule, above all others, by which every honest man is bound,—“Do to others as you would be done by,”—and that rule is sacredly binding in the practice of surgery. When doubts arise in the mind of the judicious, as to what is the proper course to pursue in any particular case—whether painful operative procedure is imperatively necessary, or whether milder means may not attain the object desired, let the surgeon in imagination place himself in the situation of the patient, until he has calmly deliberated on the

question in all its bearings, and his conclusion will not only be all the more judicious in surgical principle, but consonant with the best feelings of humanity. Often it would be but a mistaken kindness to forego harsh proceedings, simply in pity to the sufferer; but it would be a still greater error to mistake for energy of practice, the infliction of pain and suffering which are not demanded by prudence and necessity. He who attends to the golden rule, will thereby be guarded from either error.

If, again, indolence should creep upon us unawares, and, at a time of leisure or rest, we should feel tempted to turn a deaf ear to a call for our assistance — a moment's imaginary change of place with the sufferer will suffice to dispel our sloth, and we will obey the summons with alacrity and pleasure. Suffering is sacred — the dispensation of Providence — and he who, having been favoured with talents equal to its relief, *refuses* his aid, incurs a fearful responsibility. It is for the advantage of ourselves, then, as well as of others, that in practice we never forget to obey the rule, — “Do to others as you would that others should do unto you.”

While thus remembering our duty to our neighbours, let us not forget what is due to ourselves and our profession. It is one that is learned, liberal, and enlightened — and its professors are, and ought to be, *gentlemen*. I use this word in its strictest sense, as simply expressing a man who is polished in his mind, upright in his conduct, and in all things honourable — a stranger to the narrow yearnings of self-interest alone, a foe to duplicity, and uniformly attentive to the polite and courteous usages of society. Such are the men in whose hands the practice of surgery ought to be; and let none of us ever cease to remember that such is and ought to be *our* character. Let us beware of considering eccentricity an invariable indication of superior talent; they may, and do, co-exist; but the former, when assumed, is detestable. A morose and churlish reserve will bear but a bad resemblance to caution or prudence; duplicity will defeat its own object, and bring the possessor into trouble as well as contempt.

Neither let there be any in our profession actuated solely by the sordid desire of obtaining lucre. It is fortunately a calling in which, not only a competency, but a liberal share of worldly gain compensates the active and well-informed practitioner for his labours. But, besides this consideration, he has much to occupy his attention. He should have a constant and zealous regard to the advancement of his profession, bringing the results of his observation and experience to bear upon the elucidation of disease, and thus assisting in the great work of simplifying and extending its cure. He must mingle with the poor as well as with the rich — be a visiter in the hovel, as well as in the mansions of the great. And in his communings with poverty and disease, he will find much opportunity for the full exercise of the noblest and most amiable feelings of his nature. His hand will then be open to give, not to receive, for such labour should be of love alone. And he will feel each toil lightened, each self-denial recompensed, by hearing from the soft whisper of conscience, each night as he lays his head upon the pillow, that he has done his duty, and done it irreproachably.

Into our intercourse with professional brethren, let not the canker worm of envy enter. It is the product of a narrow and unwholesome mind, and will but ill attain the object at which it strives. A man who repines at another's success, who listens to the recital of the errors or misfortunes of a rival with a malicious joy too vivid to conceal, who is nervously jealous of the little reputation he may have scraped together, and trembles with anxiety and anger if it be but rubbed against, — surely such a man need not be the object of our envy, and has been punished for his own; for it has led him to adopt a line of conduct, the very opposite to that which is calculated to make him comfortable in himself, or respected by his fellows. Let man meet man with the open brow of candour, and the open hand of fellowship, — as labourers in the same rich field, and as all striving for the same good and great object, — the advancement of knowledge and the alleviation of human misery. Our time is but short in this

world, and should not be frittered away in murmurings and contentions one with another. Let our only rivalry be that of enlightened and generous minds, a friendly strife, who shall exert himself most for the benefit of others, and who shall advance furthest, and with the most unblemished steps, in the honourable paths of science and humanity.

But let not the young man suppose that his path is to be smooth, sunny, and serene throughout. Like every other way of life, it is in some places both rugged and dangerous. In his professional labours he is exposed to contagion, and may suffer thereby. By this,—or by toil and fatigue, mental as well as bodily,—his health may be impaired, his life even may be sacrificed; but, like a good soldier at his post, danger will not deter him from the fearless performance of his duty. In mingling with the poor, he will meet with much to offend the external senses, as well as much to startle and shock the mind; for squalid filth and poverty are too often associated with—nay, spring from—depravity and vice. His single-handed charity will not always meet with the tearful eye of gratitude; his successful and disinterested struggles with disease will sometimes fail to elicit even a show of thanks: yet he is not on that account to stop short in his walk of usefulness, but even to the ungrateful still hold forth the hand of compassion and relief. Anxious nights will sometimes pass tardily, sleep be denied to the weary yet watching eye, and repose fail to refresh the mind, fatigued by careful thought; for disease will not always yield to his most skilful and energetic efforts; and he may even be doomed to witness those nearest and most dear to him, fading slowly yet surely from his tender care, consumed by a destroyer whom all his art and all his zeal cannot restrain.

But yet there are sunny and sweet spots in his varied walk, amply repaying the danger and difficulty which may have been elsewhere encountered, and to which remembrance often looks back in mingled pleasure and repose. The demon of disease has been busy with some beloved object of a family circle, hitherto closely united. A parent is on the verge of eternity.

His own fate may be cheerful in prospect, but he weeps as he looks on those whom he must leave desolate and helpless. They are overwhelmed with the one all-engrossing and frightful conviction that their earliest and best friend, their dearest object on earth, is fast leaving them for ever; that the features they so much love are about to be chilled into a ghastly calm by the icy touch of death—soon to be concealed by the cold green sward, and in the lonely grave to be the prey of hideous corruption. On whom will the eyes of one and all in this distracted group fix with eager intensity, clinging to the hope that he may yet avert the hand of the fell destroyer? On whose head are blessings poured forth for relief afforded to the sufferer, as welcome as unexpected? Whose hand is wrung with the quivering grasp, and wet with the hot tears of heart-bursting gratitude? And for whom is it that earnest prayers ascend to heaven, daily breathed in deep sincerity by the recovered parent, or lisped in fervent though broken accents by the still weeping, but happy child?

Or again;—a fellow being, perhaps a friend, is stricken with a painful and dangerous illness, and feels that he is tottering on the brink of the grave. His body is racked by the tortures of disease, whilst his mind is black with despair,—

———“The wretched soul, hour after hour
Clings to the mass of life, yet clinging, leans,
And leaning, makes more dark the dread abyss
In which it *fears to fall*.”

What would not that wretched soul give to be upheld by some strong and friendly arm? What thankfulness will follow the respite from suffering, from death, and from despair? His eye, before glaring with remorse, or convulsed in pain, will settle calmly on his benefactor, and though filled with tears, will beam brightly with gratitude; while his livid and distorted lips, relaxing into a smile of gladness, speak in silent eloquence of those thanks which a choked utterance is unable to convey.

Gentlemen, *who*, I say, in such cases, is the proud and happy man, that is thus as a ministering angel? as if invested with the power of life, baffling the fiercest onsets of disease, and

forcing even Death itself to quit its prey ; rewarded by the grateful blessings of those whom he has doubly saved, by the well-earned esteem of all his fellows, and by an approving conscience within his own peaceful breast.

Gentlemen, were not this a proud reflection, that such may be the happy lot of you, or of me, to-morrow !

Let us be earnest, then, in our thirst after the requisite attainments. Let our motto be *παντα τη μελετη* ; and let us not rest until we are well qualified in the important details of a profession, yielding such rich reward to those who practise it with zeal and ability, as men, and as gentlemen.

To conclude, in the words of Mr Abernethy :—" We shall thus be enabled to confer that which sick kings would fondly purchase with their diadems ; that which wealth cannot command, nor state nor rank bestow. We shall be able to alleviate or remove disease, the most insupportable of human afflictions ; and thereby give health, the most invaluable of human blessings."

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